

FUNDING APPLICATION FORM			
	COUNTY OF SOLANO FIRST 5 SOLANO CHILDREN AND FAMILIES COMMISSION	ISSUE DATE	April 11, 2014
		RFP NUMBER	2014-04
Phone Number: (707) 784-1332 E-mail Address: Cshipman@solanocounty.com Address: First 5 Solano 601 Texas Street, Suite 210 Fairfield, CA 94533		Return your Application in a sealed envelope, clearly marked: Application for First 5 Solano Applications must be received no later than the date and time indicated. <u>Applications will not be accepted after 5:00 p.m. on:</u> <div style="text-align: center;">May 20, 2014</div>	
Program Name:			
Program Purpose:			
Applicant Name/Organization:			
Applicant Contact Name & Phone Number:			
Applicant Address/City/State/Zip:			
Form of Business: <input type="checkbox"/> For-profit <input type="checkbox"/> Non-profit <input type="checkbox"/> Government Agency <input type="checkbox"/> Other:			
Geographic Area Served (check all that apply): <input type="checkbox"/> Benicia <input type="checkbox"/> Dixon <input type="checkbox"/> Fairfield <input type="checkbox"/> Rio Vista <input type="checkbox"/> Suisun <input type="checkbox"/> Vacaville <input type="checkbox"/> Vallejo <input type="checkbox"/> Countywide			
Type of Application: <input type="checkbox"/> Single Agency <input type="checkbox"/> Joint Agency – (Complete FORM C)			
Amount of First 5 Funding Requested for This Application: Year 1: Year 2: Year 3: Total:		If Joint Application, Amount of First 5 Funding Requested for Joint Application: Year 1: Year 2: Year 3: Total:	

The undersigned acknowledges that the County’s Contract has been reviewed and that, if awarded, all terms and conditions are accepted.

YES NO If the answer to this question is “NO”, detail qualifications to Funding Agreement below.

Qualifications to Funding Agreement

The undersigned certifies and makes assurance of the applicant’s compliance with:

- The laws of the State of California and the County of Solano;
- Title VI of the federal Civil Rights Act of 1964;
- Title IX of the federal Education Amendments Act of 1972;
- The Equal Employment Opportunity Act and the regulations issued thereunder by the federal government;
- The Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government; and
- All provisions in this application.

YES NO A NO response shall disqualify this Application.

FAILURE TO SIGN THIS SECTION MAY DISQUALIFY YOUR RESPONSE

ORGANIZATION _____

SIGNATURE _____

DATED _____

FED EMPLOYER ID
NO. _____

PRINTED NAME _____

**If signature is other than “Executive Director”,
evidence showing authority to bind the
organization must be attached.**

TITLE _____

SECTION 1: APPLICANT INFORMATION

A. PERSON RESPONSIBLE FOR PREPARATION OF APPLICATION

NAME		TITLE		
ADDRESS		FLOOR	SUITE	ROOM
CITY		STATE	ZIP CODE	
PHONE NUMBER	FACSIMILE NUMBER	CELL PHONE NUMBER (OPTIONAL)		
E-MAIL ADDRESS				

B. SIGNATORY ON PAGE 1 (if different than 1.A. above)

NAME		TITLE		
ADDRESS		FLOOR	SUITE	ROOM
CITY		STATE	ZIP CODE	
PHONE NUMBER	FACSIMILE NUMBER	CELL PHONE NUMBER (OPTIONAL)		
E-MAIL ADDRESS				

C. PERSON RESPONSIBLE FOR PROGRAM AND CONTRACT MANAGEMENT

If Signatory in item B above will be the program and contract manager, please check box and proceed to Section 2 Qualifications and Experience.

NAME		TITLE		
ADDRESS		FLOOR	SUITE	ROOM
CITY		STATE	ZIP CODE	
PHONE NUMBER	FACSIMILE NUMBER	CELL PHONE NUMBER (OPTIONAL)		
E-MAIL ADDRESS				

SECTION 2: QUALIFICATIONS AND EXPERIENCE

A. Describe the capacity of the organization (fiscal, organizational, programmatic, and administrative) to provide services as outlined in this Application.

B.	Describe the length of time providing similar or same services, and the qualifications and experience of the key personnel who will provide the proposed services.
-----------	--

SECTION 3 SCOPE OF WORK/PROGRAM DESCRIPTION	
---	--

A.	Program Name:
-----------	---------------

B.	Brief program description:
-----------	----------------------------

C.	Describe the proposed program and/or services as set forth in the "Logic Model" Scope of Work on Form A, and how relevant demographic and other data show evidence of the need for this program/service:
-----------	--

C.	Program description continued: (use this field only if field above is full)
-----------	---

SECTION 4 EVALUATION PLAN

A. Level of program evidence (See RFP definitions, Section 6):

- Evidence-based Promising Practice Emerging Program

B. List model and/or evaluation tool(s) for this program:

C. Describe the evaluation plan for the proposed program/services. Explain how the services to be provided are designed to produce the anticipated change for the population served and the degree of change expected. Discuss how progress will be monitored and how the information collected will be utilized to inform program/project improvement over time:

SECTION 5 BUDGET

A. BUDGET SUMMARY

Year 1 - FY2012/13 Budget Request:

Year 2 - FY2013/14 Budget Request:

Year 3 - FY2014/15 Budget Request:

Total 3 Year Budget Requested:

B. BUDGET NARRATIVE: Provide sufficient detail/breakdown to explain expenditures in each category and line item on Form B, and describe changes (if any) between fiscal years.

B.	Budget narrative continued: (use this field only if field above is full)
-----------	--